

**Mission Support Alliance, LLC Market Based Plan  
2017 Employee Cost Share**

**Medical/Vision Contribution Rates**

Level of Coverage	Group Health HMO	
	Bi-Weekly	Monthly
<b>Individual</b>	\$ 91.57	\$198.40
<b>Individual + 1</b>	\$183.14	\$396.80
<b>Individual + more than 1</b>	\$288.45	\$624.97

Level of Coverage	Group Health Access PPO	
	Bi-Weekly	Monthly
<b>Individual</b>	\$ 83.49	\$180.89
<b>Individual + 1</b>	\$166.98	\$361.78
<b>Individual + more than 1</b>	\$262.99	\$569.81

**Dental Contribution Rates**

Level of Coverage	Delta Dental-Washington Dental Basic	
	Bi-Weekly	Monthly
<b>Individual</b>	\$ 4.62	\$ 10.01
<b>Individual + 1</b>	\$ 9.12	\$19.75
<b>Individual + more than 1</b>	\$14.29	\$30.97

Level of Coverage	Delta Dental-Washington Dental Buy - Up	
	Bi-Weekly	Monthly
<b>Individual</b>	\$ 6.28	\$13.60
<b>Individual + 1</b>	\$12.48	\$27.03
<b>Individual + more than 1</b>	\$20.49	\$44.39